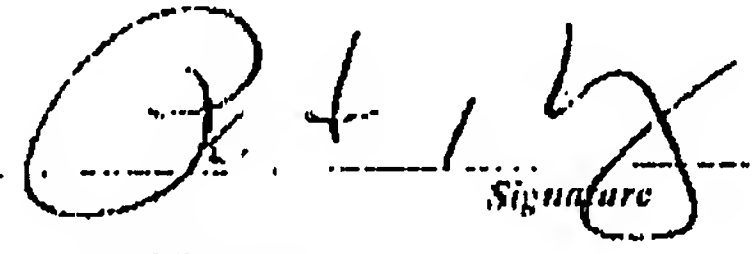
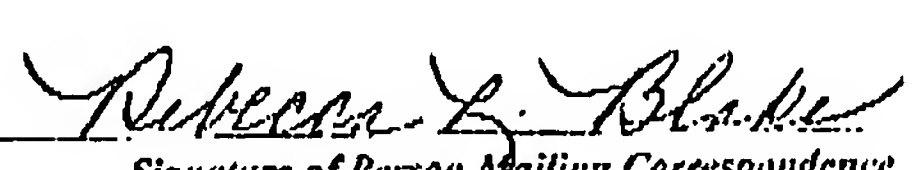


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. FIS920030085
Applicant(s): Michael P. Belyansky			
Application No. 10/605,857	Filing Date 10/31/2003	Examiner Kevin M. Picardat	Group Art Unit 2822
Invention: IIDP PROCESS FOR HIGH ASPECT RATIO GAP FILLING			
RECEIVED CENTRAL FAX CENTER DEC 21 2004			
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (8 pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>December 21, 2004</u> (Date)</p> <p style="text-align: right;"><u>Rebecca L. Blake</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u>Rebecca L. Blake</u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

P10/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920030085	
Applicant(s): Michael P. Belyansky					
Application No. 10/605,857	Filing Date 10/31/2003	Examiner Kevin M. Picardat	Customer No. 29371	Group Art Unit 2822	Confirmation No. 2856
Invention: HDP PROCESS FOR HIGH ASPECT RATIO GAP FILLING					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	20 =	3 x	\$18.00	\$54.00
INDEP. CLAIMS	3 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$54.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0458 in the amount of \$54.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Signature  Peter R. Hagerty Registration No. 42,618 Customer No. 29371 Telephone No. 860-286-2929			Dated: December 21, 2004		
cc:			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;">12/21/2004 (Date)</div><div style="text-align: center;"> Signature of Person Mailing Correspondence VIA FACSIMILE By Rebecca L. Blake Typed or Printed Name of Person Mailing Correspondence</div></div>		

P11LARGE/REV00

FIS920030085

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
CENTRAL FAX CENTER**

DEC 21 2004

Applicant:	Michael P. Belyansky)	
)	Group Art Unit: 2822
Serial No.:	10/605,857)	
)	
Filed:	10/31/2003)	
)	Examiner: Kevin M.
For:	HDP PROCESS FOR HIGH ASPECT RATIO GAP FILLING)	Picardal

VIA FACSIMILE: 703-872-9306
Commissioner for Patents
Alexandria, VA 22313

AMENDMENT A

Sir:

This amendment is submitted in response to the Office Action dated November 19, 2004.
Please amend the Application as follows.